

Agreement

School / Department:

Date:

Name:

Name:

We voluntarily participated in a facilitated dialogue. We have reached an agreement that we believe is fair and that solves the problem between us.

In the future, if we have problems that cannot be resolved on our own or if we feel that this agreement is broken, we agree to:

We agree to the following regarding confidentiality about what was said during this dialogue and who can know the Terms of this agreement:

Terms of the Agreement:

Signature: _____ Signature: _____

Facilitator signature: _____